DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION COMPLETE IF KNOWN	al.		
PATENT APPLICATION COMPLETE IF KNOWN			
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(37 CFR 1.63) Declaration Declaration Number Op/815,330			
Submitted Submitted with Initial P E carried Filing Date March 23, 200	1		
1 1 - FOUN AN UIU 1 10 70			
Examiner Name Unassigned			

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: PROTEIN KINASE DEFICIENT, IMMUNOLOGICALLY ACTIVE CMVpp65 MUTANTS the specification of which is was filed on March 23, 2001 as United States Application Number 09/815,330 and is amended herewith.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	, NO

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/191,464	March 23, 2000

I or we hereby appoint the registered practitioner(s) associated with Customer No. **6449** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to Customer Number **6449**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	[] A petition has been filed for this unsigned inventor				
Given Name: John A. (first and middle [if any])		Family Name: Zaia or Surname			
Inventor's Signature		Date 06.04.01			
Residence: Gity: Arcadia	State: California	Country: US	Citizenship: USA		
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City: Arcadia	State: California	Zip: 91007	Country: US		
NAME OF SECOND INVENTOR: [] A petition has been filed for this unsigned inventor					
NAME OF SECOND INVENTOR:	[] A petition ha	s been filed for this	unsigned inventor		
NAME OF SECOND INVENTOR: Given Name: Ghislaine (first and middle [if any])	[] A petition ha	s been filed for this to Family Name: Have or Surname			
Given Name: Ghislaine		Family Name: Hav	wkins		
Given Name: Ghislaine (first and middle [if any])		Family Name: Hav	wkins		
Given Name: Ghislaine (first and middle [if any]) Inventor's Signature	ເພ່ານ ່ປາ State: California	Family Name: Have or Surname	wkins		
Given Name: Ghislaine (first and middle [if any]) Inventor's Signature Qh. Ho Residence: City: Glendora	ເພ່ານ ່ປາ State: California	Family Name: Have or Surname	wkins		